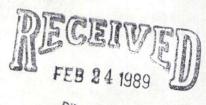
(Revised 2/88)

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING 355 West North Temple 3 Triad Center, Suite 350 Salt Lake City, Utah 84180-1203 Telephone: (801) 538-5340



DIVISIUN UF OIL, GAS & MINING

Over

ANNUAL REPORT OF MINING OPERATIONS

The informational requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1953, as amended, and the General Rules as promulgated under the Utah Minerals Regulatory Program. An operator conducting mining operations under a Notice of Intention must file an annual operations and progress report (FORM MR-AR) with the Division.

I. GEN	ERAL INFORMATION
1.	Report Time Period: From (mo./yr.) 1/88 To (mo./yr.) 1/89
2.	DOGM File Number (original notice): 5 10371017
3.	Mine Name: DUNN
4.	Mineral(s) Mined: None
5.	Name of Operator or Company: W/ Enterpre
6.	Permanent Address: 3080 Spanish Drail Dr good art 84532
7.	Company Representative (or designated operator): Name: Title: Address: Phone: Please check if any of the above information has changed since previous year.
II. MIN	ING AND RECLAMATION
1.	Was the mine active during the past year? Yes No
2.	If active, how much ore or mineral was mined?
1052V	Out

3	Briefly describe any new or additional surface disturbances tha occurred during the past year. This description should include type of work performed, volume of material moved, and the acrea affected.	the
4	Briefly describe the reclamation work performed during the past year. This description should include acreage reclaimed, metho employed, and an evaluation of the results.	
5	What was the total unreclaimed acreage at years end? Briefly summarize mining and reclamation planned for the upcomi	ng Vear.
NOTE:	Section III., "Additional Information" applies only to <u>large mioperations</u> .	ning
III.	DDITIONAL INFORMATION	
1	An updated surface facilities map should be attached if there hoeen significant changes since the previous map was submitted.	ave
2	Any monitoring results or other reports that are required under terms of the approved notice of intention should also be attach	the
IV. S	GNATURE REQUIREMENT	
I	hereby certify that the foregoing is true and correct.	
	Signature of Operator: Bolshimway	
	Name (Typed or Print): BOB SHUMWAY	
	Title of Operator: agent	
	Date: 2/15/89	